STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		1141.040000	B. WING		F			
		HAL040008	D: *******		02/1	0/2016		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SNOW H	SNOW HILL ASSISTED LIVING 1328 S. E. SECOND STREET SNOW HILL, NC 28580							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE		
{C 000}	Initial Comments		{C 000}					
	This report is of a F Getchell on Februar	followup Survey done by Bob ry 10, 2016.						
		y revealed that all deficiencies ected, therefore a new plan of ed.						
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}					
	FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor n and in good repair;						
		et as evidenced by: vation, the resident furnishings her areas were not maintained						
	a) Room 210 has folloose/missing on the	furniture with handles						
{C 166}	Housekeeping-Mair	ntained Free of Hazards	{C 166}					
	FURNISHINGS (a) Adult care home	06 HOUSEKEEPING AND						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL040008		B. WING		R 02/10/2016			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SNOW H	ILL ASSISTED LIVING	à	SECOND S LL, NC 2858				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
{C 166}	Continued From pa	ge 1	{C 166}				
	hazards;	e of all obstructions and apply to new and existing					
	maintained in a safe of oxygen cylinders	vation, the building was not e manner by improper storage . This would affect all ially exposing them to hazards					
		from 2-10-16 include: s are unsecured and not in a					
{C 189}	Building Equipment	: Maintained Safe, Operating	{C 189}				
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
		et as evidenced by: vation, the building fire nt was not maintained to keep					
	a. The sample tube	from 2-10-16 include: es for the HVAC duct mounted ere dirty in the HVAC unit over					

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
		HAI 040000	B. WING		F			
		HAL040008			02/1	0/2016		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SNOW H	ILL ASSISTED LIVING	3	SECOND S L, NC 2858					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	(X5) COMPLETE DATE			
{C 189}	Continued From pa	ge 2	{C 189}					
	2. Based on observation, the building mechanical equipment was not maintained to keep the facility safe.							
	Radiation dampers disabled, or have a locations: a. Soiled Linen room	from 2-10-16 include: in the HVAC ceiling vents are ctivated in the following m amper has been tied open,						
	maintained in a safe	vation, the building was not e manner by not maintaining rating of building components.						
	d) The Kitchen ceili penetrations by Car g) The Nurse Static penetration in the c h) The corridor cei	on has an unprotected						
	conformance with t through penetration	openings are not in he requirement to use a n fire stop system that has ordance with ASTM E-814.						
	were not maintaine	vation, the facility components d operable by having doors ompletely and latch.						
	The following doors	from 2-10-16 include: s have issues: or is beoing held open with a						

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Division of Health Service Regulation STATE FORM

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED			
					R	2	
		HAL040008	B. WING			0/2016	
NAME OF I	PROVIDER OR SUPPLIER	STDEET AD	DDESS CITY S	STATE, ZIP CODE	-		
NAME OF F	-NOVIDEN ON SUFFEIEN		. SECOND S	,			
SNOW H	ILL ASSISTED LIVING	-	LL, NC 2858				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
{C 189}	Continued From pa	ge 3	{C 189}				
		vation, the building plumbing maintained in a safe manner.					
	Followup Findings from 2-10-16 include: a) There is a toilet coming loose from the floor in the room 103 bathroom						
{C 199}	Exhaust Ventilation		{C 199}				
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Followup Findings from 2-10-16 include: The exhaust fans are not working in the following locations: a) Laundry b) Room 209 shared bathroom						

Division of Health Service Regulation